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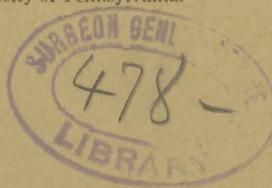
# THE RELATION OF NEUROPATHIC INSANITY TO CRIME.

An Address delivered before the State Medical Society  
of Pennsylvania.

BY

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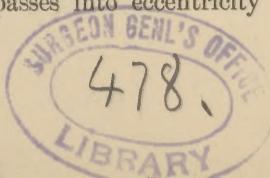
## THE RELATION OF NEUROPATHIC INSANITY TO CRIME.

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IN any discussion it is of vital importance primarily to define the terms which are to be employed. The word "neuropathy" means, in accordance with its derivation, a disease of the nervous system, and would seem therefore to be applicable to very many more or less serious disorders. By modern alienists, however, the term is commonly used in a more restricted sense, and especially as the basis of the adjective "neuropathic," to designate those forms of insanity in which an original vicious development or failure of development of the nervous centres underlies the symptoms, or in which, as the result of malevolent causes acting during early life, the nervous centres have undergone, during the period of their unfolding, alterations similar to those just spoken of as being a result of heredity. It is evident that mental symptoms, having a basis such as has just been spoken of, must be of a chronic character, because the inherited or acquired defect of nervous organization is persistent. Neuropathic insanities are therefore essentially chronic and incurable, rooted in the general character of the individual.

The neuropathic insanities may be divided into two great groups: the first including those in which there are distinct delusions; the second, those in which delusions are wanting or at least are not evident. Neuropathic insanities with delusions are known as Paranoia; those without delusions, as Reasoning Insanity. The existence or non-existence of a delusion would seem to constitute an arbitrary line which would enable us to separate at once the paranoiac from the normal individual. In truth, however, religious beliefs so run into religious delusions that it is often exceedingly difficult to decide whether an individual should be considered to be sane or insane. If such difficulty exists, how much more difficult is it to make a decision in cases of Reasoning Insanity, in which no delusions exist, and in which great mental power and even genius may coexist with such mental warp that the human individual is separated from the great mass of his fellows, whom we speak of as sane.

In the brief time allowed me, I can but allude to a few cases illustrative of the way in which the normal mental condition passes into eccentricity



and then again into madness. There are individuals who are dominated by an idea which they recognize to be untrue, but whose control they are unable to escape from. Such an idea is spoken of as an Imperative Conception. Allied to the Imperative Conception is the Morbid Impulse, by which the individual is driven to act by some call or force from within. The impulse which comes to most men to throw themselves from the brink of the high precipice on which they are standing is well known. Impulse of a similar character, born of no reason but possessed of controlling powers, may lead to assault and death. Once, on entering my office, I found a man cowering in the corner, with an expression of agonized terror, the cold sweat starting from his face. As I entered he greeted me with, "Doctor, doctor, I nearly did it, I nearly did it." The man was a victim of a frequently-recurring morbid impulse to commit assault upon strangers; as the result of several nights of great political excitement, the impulse "to clean out," as he expressed it, one of the large office buildings in Philadelphia, seized him with such force that he had only escaped from a criminal act by running in a paroxysm of terror to the refuge of my office.

Although I am forbidden at present to discuss at any length the subject of Reasoning Insanity, yet I can scarcely forbear further illustrating the subject briefly. One of the curious forms of Reasoning Insanity is *la folie du doute* of the French authors,—the insanity of doubt,—in which the patient is entirely without confidence in the integrity and reliability of his own mental processes. This mental condition may be looked upon as an exaggeration of self-distrust, and when it is complete leads to insanity of conduct. A patient who was struggling with the incipient form of the disorder, said to me, "Two and two make four, so my intellect tells me, but how am I to know that my intellect is absolutely right in its conclusion? And then when I remember having done a thing, how am I to know that my memory is correct, and that which I remember to have done really did take place? I am especially bothered with my baby at night. I change its diaper, feel the new diaper and know that it is dry; I remember the act, but I have no confidence either in having done the act or in the sensation of dryness to my hand, and so I must change the diaper again." And so the unfortunate woman and the almost equally unfortunate baby spend hours of close intercourse in covering and uncovering and being covered and uncovered.

Let me give you the brief outline of the life of a man some of you must have known, who, from his earliest childhood, though intelligent, shrewd in business, conversing well on all subjects, was dominated by imperative conceptions and morbid impulses. As a child the impulse came to him continually to rub his arm against his side, and in spite of flogging and other punishments the impulse was obeyed until coat after coat was rubbed into holes. Then he became mysophobic, afraid of personal contamination, and spent much of his life in performing the rites of cleanliness. Then other morbid impulses developed. When I first knew him he was tyran-

nized by the morbid conception that it was absolutely essential for him to lay things straight, and that he was not able to do it; the most of his waking hours were spent in putting down and arranging. When he placed a book upon the table, over and over and over again he would lift it up, straighten it, pick it up and relay it, etc. Often at night he would be two or three hours getting away from his coat, which he was perpetually arranging upon the chair on which he had laid it. There was no delusion, and on my asking him why he yielded to the impulse, he said, "I can resist it for a while, but after a time the same overpowering sensation comes as when I hold my breath, and I must do it. I have found that if I say very fast, 'It is straight, it is straight,' over and over again, at the same time cracking my fingers briskly by shaking my hand, the impulse often suddenly vanishes, with immediate relief."<sup>1</sup> The end of this unfortunate victim of disordered nerve-centres was very tragic. By great care and effort he had succeeded in concealing from the general public his mental weakness, and was engaged in business enterprises of large magnitude. In the course of one of these it so happened that he became involved in a law-suit which finally necessitated his going upon the witness-stand. The newspapers of the morning of the day on which his testimony was to have been taken announced his sudden and unaccountable suicide. Excessively sensitive and proud, when he found himself in such a position that he must reveal to the public his extraordinary peculiarities, he preferred to such exposure death by his own hands.

From my own note-books I might detail further illustrations of the morbid, irresistible, internal forces which dominate many neuropathic lives, but let those already given suffice.

Although we are accustomed to look upon character as something apart from intellectuality, yet character is as closely dependent upon the organization of the brain as is mental life. Hence, *a priori*, we should expect to find neuropathic disorders of character as well as neuropathic disorders of intellect. In truth, an undeveloped or a malformed organization of the cerebral hemisphere yields as certainly an evil crop in character as in intellect. Intellectual insanity is almost invariably associated with insanity of character, and insanity of character is almost invariably associated with insanity of intellect; but when character escapes in great part, the mental overshadows the moral disorder, and the person is simply spoken of as intellectually insane. When the intellect escapes in great part, and the disorder of character hides the mental symptoms, the person may be spoken of as morally insane.

So much contempt has been thrown upon the idea that crimes and vice may be as truly evidences of malformation or disease of the brain as is disordered mental action, that I pause to enforce my argument by a few facts. Citing from the experience of others, I may mention the cases narrated before the second International Congress of Criminal Anthropology, by Dr. Mangan: A girl of twelve years, who, from early childhood, though intelli-

gent and good-looking, stole, fought, bit, destroyed, without reason and without motive, and lived in a condition of sexual excitement, with sexual excesses dominating her whole life. Of E. M., who, as a child, stole, destroyed, attempted to poison her father, tried to kill her twin brother, and while still a child burst out into a fury of sexual delirium. Of L. C., who, at the age of three years, stole ; at five years, was arrested after violent resistance, and who, even at this age, showed no evidence of moral sense. Of G. J., who, though apparently of good development physically and mentally, was morally a series of unbelievable deformities, and at five years of age began the most frightful of sexual practices. These children, be it remembered, were most if not all of them born of families where insanity, epilepsy, or alcoholism were hereditary traits. You are probably familiar with the much-quoted case published some years ago in the *American Journal of Insanity*, of the boy who, while yet scarcely more than an infant, found his greatest pleasure in tying cats, chickens, and other animals, so that they could not escape or injure him, and then beating or cutting them to death ; who, at twelve years of age, nearly flogged his infant brother to death ; who, later, attempted to strangle a younger brother and to smother his infant sister ; and whose after life was one long record of assault and insane criminalities. Not long since I examined the mental condition of a young woman, who, born of respectable parents, educated with some care, had been detected at eight years of age masturbating her younger brother, and whose life from this time had been an orgie of sexual crimes, ending in a murder having only the jealousy of a common prostitute as its basal motive.

The germ or potentialities of most if not all neuropathic disorders lurk in the nervous system of every individual. What I claim is that in a man or woman with an imperfect cerebral organization, an impulse, a passion, a trait of character, which should be controlled by the individual, may become of such exaggerated power that at last it, in verity, dominates the man and forces him to crime ; moreover, usually in such individuals conscience has no existence, and restraint and remorse are alike beyond the conception of the man.

Probably the clearest method in which I can convey the ideas which I have concerning the matter now under consideration is to take an instance of a simple neuropathy and show how closely it is allied to what may be termed "criminal neuropathy." A very large proportion of the human race have in them the capabilities of becoming hysterical. When these capabilities have been so strongly developed, as the result of inheritance, as to appear in early life and to develop into a dominating temperament, although circumstances do not favor their growth, we speak of the hysteria as "inherited." When, however, the hysterical temperament is developed as the result of circumstances surrounding the person during youth and adolescence, we speak of it as "acquired." If the hysterical temperament be developed in very early life, the young nervous system may so set itself

into the mould that the temperament or diathesis becomes, as it were, an inherent portion of the nervous system, and the hysteria, though acquired, is incurable. Ordinarily, however, we all recognize that an acquired hysteria, not resting upon an original inherent vice or conformation of the nervous system, is curable, while the inherited hysteria, dependent upon original malformation of the nervous system, stamps its victim for life; and though it may be controlled temporarily, it breaks time and again through all restraint. Hysteria is not madness, but the hysterical temperament is a neuropathy which, in its highest development, ends in insanity. This would I claim for the criminal temperament; it is not insanity, but a neuropathy allied to insanity, which may be as incurable and as uncontrollable by the individual whom it possesses as is a paranoia. As certainly does it rest upon an original or acquired malorganization of the cerebral hemispheres as does paranoia.

As an instance of a mild criminal neuropathy, let us look at what I will venture to call *Dipsopathy*. Love of alcoholic excitement is not insanity, but a normal human attribute; an attribute the degree of whose intensity is almost a race characteristic. Strong and violent in the Northern races, it lies at the basis of a large proportion of their crimes: feeble and but of little import is it in the Southern races, the trend of whose criminality is sexual rather than alcoholic. As hysteria lurks in most human beings, so does also the potentiality of this liquor madness. Usually it is an easily-controlled desire, but under the influence of inheritance it may be so powerful that, without hope and without escape, it dominates the character, the intellect, the Ego: shapes, rules, and relentlessly ruins the man. In such a case dipsomania is an original neuropathy. On the other hand, excessive indulgence in alcohol may so alter the nerve-centres that that which was at first a vice becomes a neuropathy; that which the individual could have controlled, comes to control him through alteration of his nervous tissues.

It is commonly urged, against the view here inculcated, that in those families in which successive generations drink themselves to death, the men are the only ones to suffer. With a sneer, the question is put, Can a neurosis select one sex? The answer to this is easy. The hysterical diathesis or temperament passes with at least as much strictness to the female as does the alcoholic neuropathy to the male. Alcoholic neuropaths are proportionately as frequent among the females as are hysterical neuropaths among the males.

It is one of the horrors of vice that it thus alters and finally renders incapable of better acts the very nerve-centres of an individual, but it does not benefit the situation for us to refuse to acknowledge the existence of change in the nerve-centres, and to declare that it is a mere lack of the man's will which makes reformation impossible. It is, perhaps, even a greater horror that the lusts and crimes of ancestors should hopelessly twist and warp the nerve-centres of the descendants, but it does not render the

situation any more tolerable for us to refuse to acknowledge the fact. A few weeks since I was at the death-bed of a young man whose original intellectual acuteness and power were almost unrivalled among the younger medical scientists and physicians of Philadelphia, but whose inherited dipsopathy, very early in life, thrust him into a career whose end was the lowest of degradations. If the law recognized the existence of alcoholic neuropathy, and provided against it as it ought to do, the doctor could have been saved from his inheritance of doom; supplied with books and scientific material in some proper institution, I believe he would have been one of the greatest scientists this country has ever produced.

Speaking as I do to an assemblage of practical physicians, it is hardly necessary for me to offer proof of these statements and suggestions. These proofs each of you can gather for himself from the memories and the notebooks of his own experience. Usually the dipsomaniac is not controlled; recently I had a case in which circumstances allowed of such control, and I venture to mention it here, because the coming and going of the symptoms were so similar to those of an acute insanity. The patient was a woman, for many years accustomed to all kinds of narcotics—alcohol, opium, chloral. Finally her nervous condition became so aggravated that even our imperfect law allowed of her being placed in an asylum. Under treatment she recovered health; the desire for narcotics seemed to have passed away; she returned home, and nearly eighteen months went by during which she took no stimulant of any form. Suddenly the old appetite returned, at a bound, with uncontrollable force. She being a woman with a determined husband, it was possible to control her, and so she was shut up with nurses, and though she struggled and fought, and failed in health, and seemed at one time almost as though she would die, she was sternly told that "she might die, but no narcotics would be given her." Seven days and seven nights that woman passed without any food except the spoonfuls of milk that were forced in her, according to the report of the series of nurses not sleeping twenty minutes at a time day or night; screaming and moaning until her voice was but a hoarse whisper. At last, little by little, the nervous restlessness amounting to madness subsided, the desire for opium faded, the appetite began to return, and after some weeks convalescence occurred.

In the present matter I desire very strongly not to be misunderstood. Vice is not insanity, or a necessary symptom of insanity. Vice is not neuropathy, or a necessary symptom of neuropathy. But vice may be the outcome or the result of a perverted nervous system, or of an undeveloped nervous system, or of a nervous system whose structure has been changed by vice, so that the individual man, the criminal, if you please, has no control of his own being, and cannot avoid the commission of crime. Under such circumstances the vicious act ought to be looked upon as a symptom of disease just as much as is the hysterical convulsion.

Humanly speaking, there is no justice in holding a man responsible for an act which, though criminal, is the result of a structural disorder of the

nervous system : a nervous malformation inherited, it may be : the outcome of epilepsy, insanity, alcoholism, crime in parents, or the result of poverty, neglect, disease, the horrible environment of the slums of a great city, acting upon the nervous system in the earliest years of its development. To my mind, it would be as right and as just to hold a man morally responsible for the gouty pain which he has received through inheritance. Gluttony and high living in the progenitor,—gout in the descendant ; poverty, crime, alcoholism, insanity, vile hygienic surroundings, epilepsy in the progenitor,—crime in the descendant. This is the teaching of science, and this is what philanthropy is beginning to recognize. This is what even the conservatism of law must acknowledge some time, though it may be in the far future.

Is crime then to go unpunished ? Are jails, penitentiaries, executions to become institutions of the past ? The answer of such questions naturally leads us to the consideration of what are the objects of punishment. The infliction of pain upon a person who has committed some overt act can only have one of three objects. A pain may be inflicted for the purpose of revenge ; or for the purposes of reformation of the individual ; or for the purpose of protection of society against the injury wrought by the criminal, including in this thought of protection not merely protection from the individual immediately concerned, but protection from individuals who have a tendency to commit crime, and are to be deterred from such commission by the pain which the commission of the overt act will bring upon themselves. I suppose no one in this Christian community will justify revengeful punishment. There are numerous individuals who commit crime, who are in no proper sense of the term neuropathics ; who have the capability of better things in their nervous organization, and for whom there is hope that properly-directed punishment may be of reformatory influence. Such individuals are, however, not the cases of which we are now speaking, and a neuropathic criminal, one who has, so to speak, the criminal diathesis absolutely ingrafted upon his nervous system, is no more to be reformed than is a case of paranoia to be cured. Here, again, lack of time forbids me elucidating the fact ; there are criminals who are not neuropathic, to whom reformation may be possible, but when we read a history like that which appears upon a chance sheet of the penitentiary report, sent me for another purpose, what hope is there for reformation ?

“ A 6139, twenty-nine years of age, was convicted December 12, 1891, of burglary, and sentenced on two bills to four years and six months. He had previously (A 622, larceny ; A 1842, horse stealing) served two terms here, aggregating five years. He had also served three terms in the Bradford County prison. His cousins (A 47 ; A 1968) each served a term here for larceny, of two years, and one year and eight months, respectively. Another cousin (A 6138) is now here serving a sentence of one year and six months for larceny, and he had previously (A 1039) served a term of two years for the same crime.”

I have not seen this individual, but evidently he has the criminal diathesis.

What effect on a neuropathic criminal has the fear of punishment? The gallows scene which ended the life of Guiteau—the most extraordinary ending of one of the most extraordinary neuropathic lives of the century—is enough in itself to show that the neuropathic criminal, driven by the impulses of his diseased brain, recks nothing of consequence, and is not to be prevented by the fear of punishment. Though society has no right to wreak revenge, though the reformation of the neuropath be hopeless, society has the right to protect itself from the evils to be wrought by the neuropathic criminal, and has, indeed, laid upon it the bounden duty to protect its sane members more perfectly than it does at present. If the law recognized the truth of this matter, it would put an end to the perpetual breeding of criminals which is going on in our midst. Generation after generation the Japanese wrestler breeds as true to his type as do the Devon cattle; generation after generation the criminal neuropath, now in prison, now out of it, breeds, in the moments of his freedom, disordered, degenerated criminal nervous systems like his own,—nay, worse than his own, the degeneration ever increasing, until at last nature comes to the relief, and criminal neuropathy ends in lack of fertility, in imbecility, in wild insanity, or in some other catastrophe to the stock, which puts an end to it.

The remedy for this is for the law to recognize the existence of criminal neuropathy as a distinct condition; not calling for punishment or for the infliction of pain, but calling for the isolation of the individual, and the protection of society from his individual acts, and from the possibility of the individual acts of those whom he may beget. When the law-makers comprehend this fact society will begin to protect itself from neuropathic criminals, who to-day, unmolested, work wide-spread distress and ruin. To drink, to ruin the family, to degrade the whole being is as great a crime against God and humanity as it is to steal. Habitual intoxication, the condition of the dipsopathic, is far more serious in its import in modern society than are the operations of pickpockets and petty thieves. The community revolts against severely punishing the man for being a drunkard. If the law, however, recognized the existence of criminal neuropathy, and recognized dipsopathy as one of its forms, instead of sending the man who has inherited or acquired an alcoholic neuropathy to the House of Correction for sixty days, and then turning him loose on his family and on the community, it would isolate him for life, or until it has been positively ascertained that his nervous centres had regained their normal structures.

Take a case of sexual perversion, with instances of which our Eastern Penitentiary abounds. The sexual pervert is a neuropath, the nōrmal instincts of whose nature are so altered that those passions and feelings which naturally flow from sex to sex pass only towards his or her own sex. In the true sexual pervert there is absolute aversion and disgust for the opposite sex. One case for illustration. John —— is now serving his

third term for sodomy in the Eastern Penitentiary. At eighteen, he was one of a "band of fairies" in a house of prostitution; men who sold their bodies for the use of other men precisely as the female prostitute sells her body to the ordinary libertine. Without conscience, without sense of shame, pleasantly and coolly, this man told me the history of his life. How that a woman was to him a sexual horror and source of overpowering disgust. He said, of course the moment he was out of jail he would go back to his old ways; only he would be true and honest if opportunity was afforded him; if I would get him a situation as cook or other suitable employment he would simply get himself a companion (male), and live with him as his wife all his life. Do you not see that in doing this thing this man was, as to his own nature, doing what a libertine does as to his nature when he settles down in marriage? Sodomy is often a pure vice, beginning in masturbation, taught, perchance, in early childhood. John — is not, however, a masturbator, so at least the very acute prison surgeon believes after careful study. He affects feminine ways; apparently unconsciously he asked me to find him work for which women are commonly employed. A good, docile prisoner, he works through the week, but on Sunday, arrayed in a calico dress he has made himself, he struts or minces up and down his cell, a caricature of a vain, silly woman. He always calls himself Pearl, or speaks of himself as one of the fairies.

What avail is it to imprison for a few months or years such a sexual neuropath? What justice is there in punishing him for crimes which are the outcome of his hopelessly-diseased nervous system,—for instincts and acts which constitute one of the ways in which nature by preventing offspring puts an end to a stock that has become utterly neuropathic and degraded? Reformation and determent are alike impossible; continuous, not intermittent, isolation can alone protect society.

There are, of course, difficulties attending the practical working out of any system of law in relation to the criminal classes, but it does seem to me that it would be possible to have the law recognize that the man who has been convicted of serious crimes more than once; who has about him, to be recognized by experts, evident signs of neuropathic degeneration, should become not the victim of criminal law but the ward of the criminal law; to be isolated, kept in criminal asylums, made to work sufficiently for his self-support; not for the purposes of punishment but for the purposes of the protection of society.

In concluding these remarks, I want to say that I am not one of those who have any special sentimental sympathy or regard for the criminal. I believe that the highest duty of the law is the protection of the sane, responsible citizen from the acts of the insane neuropath; and I believe that this protection should extend to the putting to death of some of these neuropaths with precisely as little idea of punishment or of revenge as would be exercised in putting to death a mass of microbes generating a pestilence. Death comes to all men. To the neuropath, whose past has

been the outcome of an inherited, perverted nervous system, over which he has had no control, whose present must be one of hardship and of suffering, whose future is free from any fear or responsibility for acts done, death is not an evil. In Philadelphia we brand such murderers with the infamy of sanity and hang them. I have followed them up to the very foot of the gallows: in the shadow of death have talked to them of the terrors of hell: and have seen them to the very end, go to the hangman without remorse, without fear, without suffering, with seemingly absolute indifference.

Some of our alienists may remember the case of the paranoiac, Smith, the joiner, reported by Dr. Yellowlees, some years ago, in the *Edinburgh Medical Journal*. The man whose whole life was a study how to kill, and whose perpetual joy it was to gloat over the thought and hope of a cruel and bloody revenge; who could only be removed from the cell in which he was placed by opening the roof and entangling him in ropes; who, during twenty years, was only prevented from murder by absolute precaution; indeed, who was not prevented, and who, during that time, did on various occasions stab, cut, and maim physicians, attendants, any one who chanced to be about him.

The literature of medicine is full of cases like these. The number of physicians and attendants killed by homicidal lunatics is in the aggregate great. Some of you may remember the unfortunate Jimmie Burk, who was burned in his cell in the great fire at the Philadelphia Insane Asylum. How many men he had killed before he was incarcerated in that asylum was not known, but in spite of precaution and watchfulness, in spite of isolation, straps, bonds, and all possible restraint in the hospital, he had managed to kill two attendants, besides assaulting various others. Why should the community be taxed to pay attendants to endanger their lives while waiting upon such human tigers? What of the widows and orphans that are made? Quietly, in some way, by process of law, sane or insane, such a creature should, in my opinion, be placed beyond the possibility of doing injury to others.



# INTERNATIONAL MEDICAL MAGAZINE.

A MONTHLY

DEVOTED TO MEDICAL  
AND  
SURGICAL SCIENCE.

EDITED BY JUDSON DALAND, M.D.,

Instructor in Clinical Medicine, and Lecturer on Physical Diagnosis and Symptomatology in the University of Pennsylvania; Assistant Physician to the University Hospital.

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